For Public Comment, to the members reviewing MDPH proposed changes to 105CMR210,

Administration of Medications in Public and Non Public Schools.

As a school nurse working within the Commonwealth for nearly ten years, I am happy to see updates to 105CMR210. At this important moment, when changes are being considered, I’d like to draw your attention to two places where I think further consideration would be beneficial, for the safety of our students and for the clarification for those of us practicing as nurses within schools.

1. One proposed change is for the following definition:

**Medication means any controlled substance in schedules II-VI or FDA-approved over- the-counter medication.**

For students going on overnight or multi-day field trips, I am often asked about vitamins or herbal supplements. Vitamins and herbal supplements are neither controlled substances nor FDA approved. For families desiring that their students take these medications while away, I am wondering how this new definition will affect our clinical practice? I had previously asked leadership and had been told that these items were allowed if they were listed in the pharmacopecia. With this new definition, that expressly says we can give medication that is a scheduled controlled substance or FDA approved substance, what will our directive be for vitamins and herbal supplements? Can the new definition be changed to include this consideration, or shall we inform parents that these medications are not allowed, under any circumstances?

2. Regarding administration of the life saving medications Naloxone and Epinephrine:

The proposed regulation would allow Naloxone, an opioid antagonist, to be given by a staff member to an unresponsive patient, with a medical order. The proposal does not specify, but I am interpreting this to be a standing (not patient specific) order (this is an important distinction and should be clarified in the proposed language). This is a great addition to the guidance, however I would opine that students remain as likely (or more likely) to suffer from anaphylaxis. My understanding from the current and proposed language is that staff, even those who are properly trained, can only administer epinephrine with a student specific order and plan. This means that fully trained personnel with access to epinephrine can not give it to a student who is experiencing acute anaphylaxis unless that student has a previously documented allergy. Individuals can grow into allergies at any time, including during the school day. In an anaphylactic event, every second counts, and withholding life saving medication seems unethical. Both medications (naloxone and epinephrine) are life saving. Both medications require training. Both medications can be administered via injection or nasal spray. Given the commonalities, and the dire consequences of withholding either medication, I urge this group of reviewers to consider removal (or revision) of the proposed language below, regarding patient specific orders/plans for epinephrine:

epinephrine shall be administered only in accordance with an individualized medication administration plan satisfying the applicable requirements of 105 CMR 210.005(E) and 210.009(A)(6), updated every year, which includes the following:

a diagnosis by a ~~physician~~ **licensed prescriber** that the ~~child~~ **student** is at risk of a life threatening allergic reaction and a medication order containing proper dosage and indications for administration of epinephrine;

written authorization by a ~~parent or legal guardian~~ **caregiver**;

~~home and emergency~~ **phone** number for the ~~parent(s) or legal guardian(s)~~ **caregiver**, as well as the names(s) and phone number(s) of any other person(s) to be notified if the ~~parent(s) or guardian(s) are~~ **caregiver is** unavailable;

identification of places where the epinephrine is to be stored, following consideration of the need for storage:

at one or more places where the student may be most at risk;

in such a manner as to allow rapid access by authorized persons, including possession by the student when appropriate; and

in a place accessible only to authorized persons. The storage location(s) should be secure, but not locked during those times when epinephrine is most likely to be administered, as determined by the school nurse;

~~a list~~ **documentation** of the **unlicensed** school personnel who would administer the epinephrine to the student in a life threatening situation when a school nurse is not immediately available;

a plan for comprehensive risk reduction for the student, including preventing exposure to specific allergens; and

an assessment of the student’s readiness for self-administration and training, as appropriate.

Thank you for your consideration,

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